

Name: \_\_\_\_\_

## Individualized Plan for Employment (IPE) - Supports

Services	Where will I get them?	Who will pay for them?	Services start & end dates
<b>Transportation</b> <input type="checkbox"/> Fix car to get back and forth to services or to look for work. (T-VR) <input type="checkbox"/> Help traveling back and forth to services or to look for work. (T-IT, T-RPV, T-RPT)		<input type="checkbox"/> Nebraska VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	
<b>Increased Costs Caused by Participating in Services (Maintenance)</b> <input type="checkbox"/> Get clothing while I am looking for work. (M-UWC) <input type="checkbox"/> Get meals and/or lodging while I am looking for work. (Example: overnight trip) (M-LPD) <input type="checkbox"/> Meet living costs caused by participation in services. (M-ILC) <input type="checkbox"/> Help in moving to start a job or to participate in services. (M-R, M-SD, M-UI)		<input type="checkbox"/> Nebraska VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	
<b>Personal Assistance and Communication</b> <input type="checkbox"/> Find an interpreter if deaf or hard of hearing. (PA-IHI) <input type="checkbox"/> Find a foreign language interpreter. (PA-IFL) <input type="checkbox"/> Find someone to read text and written materials. (PA-R) <input type="checkbox"/> Find someone to tutor. (OS-OA) <input type="checkbox"/> Get needed assistance with self care and activities of daily living. (PA-PA)		<input type="checkbox"/> Nebraska VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	
<b>Other Services</b> <input type="checkbox"/> Obtain childcare while I am getting services or looking for work. (OS-ICC, OS-RCC) <input type="checkbox"/> Obtain licenses, permits or certifications for work. (OS-LP) <input type="checkbox"/> Get tools for on-the-job training or work. (OS-OT) <input type="checkbox"/> _____ (OS-OA) <input type="checkbox"/> _____ (OS-OA)		<input type="checkbox"/> Nebraska VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	
<b>Things I Need for Services and Work (Technology Support)</b> <input type="checkbox"/> Help modifying my work setting. (TS-WM) <input type="checkbox"/> Get eyeglasses. (TS-E) <input type="checkbox"/> Get hearing aids. (TS-HA) <input type="checkbox"/> Obtain a computer. (TS-C) <input type="checkbox"/> Obtain assistive devices. (TS-AD) <input type="checkbox"/> Repair items that help me function. (TS-RTR)		<input type="checkbox"/> Nebraska VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	
<b>Independent Living Support</b> <input type="checkbox"/> Help get supplies for independent living training. (ILS-S)		<input type="checkbox"/> Nebraska VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	
<b>Post Secondary Supports</b> <input type="checkbox"/> Obtain tools for my associate's degree. (PS-OTT) <input type="checkbox"/> Obtain tools for my bachelor's degree. (PS-OTC) <input type="checkbox"/> Find someone to read text and written materials for my degree program. (PSPA-R) <input type="checkbox"/> Get uniforms or work clothes. (PSS-UWC) <input type="checkbox"/> Meet increased living costs caused by attending school. (PSS-ILC) <input type="checkbox"/> Meet increased child care costs caused by attending school. (PSS-RCC) <input type="checkbox"/> Get needed assistance with self care and activities of daily living. (PSS-PA) <input type="checkbox"/> Find an interpreter if deaf or hard of hearing. (PSS-HI) <input type="checkbox"/> Find a foreign language interpreter. (PSS-FL) <input type="checkbox"/> Special fees. (Chadron State Foundation). (PSS-C) <input type="checkbox"/> Help traveling back and forth to school. (PSS-RPV, PSS-RPT)		<input type="checkbox"/> Nebraska VR <input type="checkbox"/> Consumer <input type="checkbox"/> Other _____	

Comments/Responsibilities: